CONSERVATION WORKER EMPLOYMENT APPLICATION ILLINOIS DEPARTMENT OF NATURAL RESOURCES Position #			
Site:			
Name:		_ Sex: Male Female	
Address:			
County:	City State Phone #:	Zip Code	
Drivers License #:	Expires:	Birth Date:	
High School Graduate: Yes No College Attendance: Yes No Major:	# of Yrs Completed 0 1 2 3 4 # of Yrs Completed 0 1 2 3 4	GED: Yes No Graduate: Yes No	
Selective Service #			
(In accordance with State law males age 18 through 26 years old must possess a selective service number at the time this application is submitted in order to be considered eligible for hire.) Selective Service # can be obtained by applying on line at www.sss.gov.			
If your answer to any of the following question	ns is "yes", please attach a signed, det	ailed explanation.	
A. Have you ever been fired from a job? (Downsize/layoff is not applicable)  B. Are you currently in default on the repayment of any State education Loan?  State Low resides that any employee who is in default on the repayment of any educational loan for a paried of 6.			
State Law provides that any employee who is in default on the repayment of any educational loan for a period of 6 months or more and in the amount of \$600.00 or more shall, as a condition of employment, make a satisfactory loan repayment arrangement with the maker or guarantor of the loan.  Yes No			
C. Are you currently receiving benefits from the State Retirement System?			
Time period that you are available for employment/			
Can you drive vehicles with manual transmissions?  Can you routinely lift/carry & transport objects weighing up to 50 pounds?  Yes No			
List the types of equipment/machinery you c	an operate		
Do you have experience in the maintenance and repair of equipment/machinery?  If yes, list types of equipment:			
Do you have any building & ground maintenance experience? (If yes, check type/s of experience)    Mo			
Please list:			

EMPLOYMENT HISTORY		
Employed by:	Dates: From to	
Address/City:	Job Title:	
Description of Duties:		
Reason for Leaving:		
Contact Person:		
Employed by:	Dates: From to	
Address/City:	Job Title:	
Description of Duties:		
Reason for Leaving:		
Contact Person:		
	Dates: From to	
	Job Title:	
Description of Duties:		
Reason for Leaving:		
Contact Person:	Telephone #:	
Employed by:	Dates: From to	
Address/City:	Job Title:	
Description of Duties:		
Reason for Leaving:		
Contact Person:		
I certify that the information on this application is t misrepresentation of any material facts may be grou	rue and accurate to the best of my knowledge and unds for ineligibility and/or termination of employment.	
Signature		